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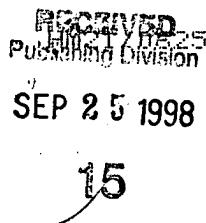
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148-1320  
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WILLIAM S. FEILER, ESQ.  
MORGAN & FINNEGAN  
345 PARK AVENUE  
NEW YORK NY 10154



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APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/231,565	04/22/94	001	HUFF, S	1642 06/25/98
First Named Applicant	KAWAKAMI, YUTAKA			

**TITLE OF INVENTION** MELANOMA ANTIGENS AND THEIR USE IN DIAGNOSTIC AND THERAPEUTIC METHODS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1 20264124	536-023.500	F92	UTILITY	NO	\$1320.00	09/25/98

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 MORGAN & FINNEGAN, L.L.

2 \_\_\_\_\_

3 \_\_\_\_\_

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) **NAME OF ASSIGNEE** The Government of the United States of America, as represented by the Secretary, Department of Health and Human Services

(B) **RESIDENCE: (CITY & STATE OR COUNTRY)** Rockville, Maryland

Please check the appropriate assignee category indicated below (will not be printed on the patent)

Individual     corporation or other private group entity     government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

Issue Fee

Advance Order - # of Copies 10

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature) Dorothy R. Auth, Reg. No. 36,431 (Date) 9/21/98

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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10/06/1998 CASHBY 00000104 08231565

01 EP:142 1320.00 OP  
02 FC:561 30.00 OP

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